

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 2
 FOR SE OF FORM 24/48

| | | | |
|---|--|---|--|
| NAME OF COMMITTEE (In Full) SPECIAL OPERATIONS FOR AMERICA | | FEC IDENTIFICATION NUMBER ▼ C C00523241 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: flex; justify-content: space-between; width: 100%;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div> | |

| | | | | | |
|--|-------------|--|---|--|--|
| Full Name of Payee BOSTON PRODUCTIONS | | | Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 03 / 2014 | | |
| Mailing Address 290 VANDERBILT AVE #1 | | | Amount 7950.00 | | |
| City NORWOOD | State MA | Zip Code 02062 | Transaction ID : SE.55912 | | |
| Purpose of Expenditure MEDIA PRODUCTION | | Category/Type | Date of Disbursement or Obligation MM / DD / YYYY 01 / 03 / 2014 | | |
| Name of Federal Candidate RYAN K ZINKE | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MT | | |
| Calendar Year-To-Date Per Election for Office Sought 33492.00 | | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | | |

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|--|-------------|--|---|--|--|
| Full Name of Payee BOSTON PRODUCTIONS | | | Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 03 / 2014 | | |
| Mailing Address 290 VANDERBILT AVE #1 | | | Amount 1106.00 | | |
| City NORWOOD | State MA | Zip Code 02062 | Transaction ID : SE.55915 | | |
| Purpose of Expenditure MEDIA PLACEMENT FEES | | Category/Type | Date of Disbursement or Obligation MM / DD / YYYY 01 / 03 / 2014 | | |
| Name of Federal Candidate RYAN K ZINKE | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MT | | |
| Calendar Year-To-Date Per Election for Office Sought 34598.00 | | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | | |

| | |
|--|---------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 9056.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT HOMMEL

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2014

Signature